

OFFICIAL USE

Postmark
Here

| | | |
|---|----|--|
| Postage | \$ | |
| Certified Fee | | |
| Return Receipt Fee (Endorsement Required) | | |
| Restricted Delivery Fee (Endorsement Required) | | |
| Total Postage & Fees | \$ | |

Send to:
Mark Davis #349-081
Street, Apt. No., Suite or Box No.
POB 5300
City State Zip
Orchard Park, NY 14207

PS Form 3800, April 2002

See Reverse for Instructions

7222 0860 0000 1410 2222



CERTIFIED MAIL

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RECIPIENT ADDRESS. FOLD AT DOTTED LINE

7000 0860 0000 1410 2227